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THE STATE OF THE S	m of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	P DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is	. See instructions on back of certificate.
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state

1 PLACE OF DEATH



STATE OF MARYLAND

Co	ounty Howard 21777	CERTIFICATE OF DEATH
	7	Registration Dist, No. 195
Vil	lags or City Clasupa (No. ,)	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the word) fund	16 DATE OF DEATH Sec 1915
6 D	Month) (Day (Year) GE It LESS than	that I last saw has alive on the date stated above, at 30 \ \ \ m.
(a pa	yrs mos ds. or min.?	The CAUSE OF DEATH* was as follows:
bus wh	General nature of industry, siness, or establishment in ich employed (or employer) IRTHPLACE (State or country)	Contributory Secondary (Burglion) yrs 4 mos. 490s.
ARENTS	10 NAME OF FATHER STUST N. BULLY TO STATHER (State or country)	(Signed)
PAR	13 BIRTHPLACE OF MOTHER (State or country)	CAUSES, STATE (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
15	(Informant) (Address) Les Henry & Carke	Where was disease contracted, If not at place of death? Former or Usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
F	Capif local REGISTRAR	go Q. + Sun A Lastel Mittage of E. Franklin St., Balto., Requesting V. S. No. 1.

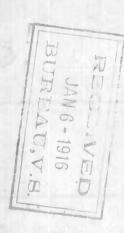


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dnties of the household only (not paid Housekeepers mine, etc. fication as Day taborer, Farm taborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civit engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of tungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "l'uerfenal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitiat nephritis, dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," For vio-



of information should be carefully supplied. AGE should be stated EXACTLY. DEATH in plain terms, so that it may be properly classified. Exact statement See instructions on back of certificate.

PHYSICIANS should state of OCCUPATION Is very

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WRITE PLAINLY, WITH

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1 PLACE OF	F DEATH
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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

St.; Ward)

[If death occurred in a hospital or Institution, give Its NAME Instead ot street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	hul 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) h unit	16 DATE OF DEATH Suc 26th, 1915 (Month) (Day (Year)
6 D	ATE OF BIRTH 20- 1853	that I last saw h man alive on Buy Land 1910 1910
7 A ((Month) (Day (Year) GE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 1. 30.6 m, The CAUSE OF DEATH * was as follows:
(b) bus whi) Trade, protession, or ricular kind of work.) General nature of industry, siness, or establishment in ich employed (or employer) IRTHPLACE (State or country)	Contributory Sudden Secondary (Duration) / yrs. mos. ds.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country) 12 MAIDEN NAME	(Signed)
	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al place In the ot death yrs mos ds. State yrs mos ds Where was disease contracted, If not al place of death?
15	(Informant) Chaymond Forom (Address) Swap W	Former or usual residence
FI	led Mc 27 ,1919 Amclar fee No. 1919 Registran If more blanks are needed, address State Registran	20 UNDERTAKER 2 ADDRESS Launt HM rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to caeh and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons The

Statement of cause of death—Name, first, the disease causing dearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synouym is "Epidemie cerchrospinal medicalitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State childbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless Important. oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. ture of the Americau Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-"Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report cause for



V. S. No. 1.

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		PHYSICIANS	sact statement of	
5	RECORD	EXACTLY	sified. Ex	
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	should be stated	/ be properly clas	f certificate.
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1.	WRITE	-Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS	should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	OCCUPATION is very important. See instructions on back of certificate.
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Village or City amap June (No.,	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 19.5. St.; Ward) [If death occurred in a hospital or institution,
PERSONAL AND STATISTICAL PARTICULARS 3 SEX	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
TAGE (Month) (Day) (Year) TAGE (Month) (Day) (Year) (A) If LESS then 1 day, hrs. OR min.?	that I last saw here alice on the date stated above, at 200 mm. The CAUSE OF DEATH * was as follows:
(b) General nature of industry husiness, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER MOMAN L. Carroll 11 BIRTHPLACE	(Signed) Plas Los usubles on M. B. (Signed) Plas Los usubles on M. B. (Address) Sulford M.
12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) NORMAN & CARROLL	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At piece in the of death yrs. mes. ds. State, yrs. mos. ds. Where was disease contracted, if not at piece of death? Former or
(Address) annap Joine - 15 Filed Alle 2 , 191 2 Commbleson mo-	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Astury Cemetry Dev 3rd, 1915 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. the duties of the household only (not paid Housekeepers "Foreman," "Manager," "Lealer," etc., write Nonc. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of, the second statement. Never return mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton first line will be sufficient, c. g., Farmer or Planter, Physibusiness, that fact may be indicated thus: Farmer (retired Housemaid, etc. employed, as At school or At home. Care should be mill; (a) Salesman, (b) Crocery; (a) Foreman, is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age business or industry, and therefore an additional line For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, very important, so that the relative healthfulvarious pursuits can be known. For persons who have no occupation whatever The material worked on may form part If the occupation has been changed Locomotive engineer, If retired from without more The question "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar meumonia. Rronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

state MEANS OF INJURY and qualify as ACCIDENTAL, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by to determine definitely. Examples: Accidental drowning; SUICIDAL, OF HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. ctc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Old Age," "Shock," "Uraemia," "Weakness, Always qualify all diseases resulting from childrailway train-accident; Revolver The contributory (secondary or intercur-"Puerperal septichuemia," State cause for which Never report mere nound



S. No. 1.

PHYSICIANS should state of OCCUPATION is very RECORD properly classified. Exact statement A PERMANENT stated EXACTLY. should be UNFADING INK-THIS IS AGE of information should be carefully supplied.

DEATH in plain terms, so that it may be in See instructions on back of certificate. WRITE PLAINLY, WITH Important. m ż

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21760



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St:----Ward)

Ilf death occurred in a hospital or Institution, give its NAME Instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE S SINGLE, MARRIED, WIGOWED, OROIVORCED (Write the word) MANUAL	16 DATE OF DEATH Sec - 1612, 1915 (Month) (Day (Year)
6 DA	TE OF BIRTH Sul 64 18)	17 I HEREBY CERTIFY, That I attended deceased from 6 1915, to 5 16 16, 1916,
TAG	yrs mos or min.?	and that death occurred on the date stated above, at 7. 412 m. The CAUSE OF DEATH* was as follows:
(a) 1 part (b)	Trade, profession, or ficular kind of work General nature of Industry, ness, or establishment in	
9 BIE	ATHPLACE (State or country)	Contributory Secondary (Buration) yrs Z mos ds.
ENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed)
4	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted,
(1	Informant) Janu Cearlis	If not at place of death?————————————————————————————————————
15 Filed	Dec 16, 1915 Hanry It Clashe Dec 16 Aget Lord REGISTRAR	20 UNDERTAKER 2 UNDERTAKER 4 UNDERTAKER 4 UNDERTAKER 4 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cssary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

lesis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia "Croup";) brospinal meningitis"); Diphtheria (avoid use of term for the same diseasc. Examples: Cerebrospinal tlme and causation), using always the same accepted causing neath (the primary affection with respect to ("Pneumonia," unqualified, is indefinite): Tubercufever (the only definite synouym is "Epidemic cere-Statement of cause of death-Name, first, the nisease Typhoid fever (never report "Typhoid

> nant neoplasms); Measles; Whooping cough; Chronic thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral scotichaectc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Juanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Scnile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report

tions answered in detail, it will prevent further correspondthe certificate is permanently filed. If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before

BUREAU, V JAN 6 - 1916

V. S. No. 1.

	PLACE OF DEATH	04 80 3	STATE OF WARTLAND
Co	unty Howard	21761	CERTIFICATE OF DEATH
			Registration Dist, No.
Vil	lage or City Mayfield 2FULL NAME HE	arry C. Carter	St.; Ward) [If death occurred in a hospital or iostitution, give its NAME instead of street and number.]
	PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	EX 4 COLOR OR RAGE	5 SINGLE,	16 DATE OF DEATH
3.0		MARRIED, WIDDWED,	December 21 , 1915
iVI	ale White	(Write the word)	(Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH		
4	Februar	y 18 /896	, 191, to, 191,
	(Month)	(Day (Year)	that I last saw h alive on
TA	19yrs10_	If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 4-30 P.M. The CAUSE OF DEATH* was as follows:
	CCUPATION		Accidental
pa) Trade, protession, or Clerk in	store	
bus	General nature of Industry, iness, or establishment in Merch ich employed (or employer)		Overturning of automobile (Duration) yrs mos ds.
9 B	(State or country) Maryland		Contributory Secondary
	10 NAME OF FATHER Robert W.		(Signed) (Signed) , M. D.
ARENTS	of father (State or country) Mary	land	*State the DISEASE CAUSING DEATH, OF, in deaths from VIGLENT
PARE	12 MAIDEN NAME OF MOTHER Retta Ph	illinger	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) Maryl		At place In the ot death yrs mos ds. State yrs mos ds
14 7	THE ABOVE IS TRUE TO THE BEST	T OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Interment) James R. Weer		Former or usual residence
	(Address) Sykesville	Maryland	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Fil	ed De 22 1915 /sta	oft Agraci	20 UNDERTAKER ADDRESS
	If more blanks a		Swar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
		The state of the s	The state of the s

CApproved by U. S. Census and American Public Health Association.]

of first line will be a single word or term on the Napplies to each aud every person, irrespective of age. rit should be used only when needed. Othe nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Cadditional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthfuldiess of various pursuits can be known. The question cases, especially in industrial employments, it is necduties of the household only (not pald Housekeepers who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, who have no occupation whatever, write None. cated thus: CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," (6)

pneumonia"); Lodar pneumonia; Bronehopneumonia lesis of lungs, meninges, peritonaeum, etc. brospinal meningitis"); Diphtheria (avoid fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," unqualified, is indefinite): Tubercu-"Croup";) Statement of cause of death-Name, first, the nisease Typhoid fever (never report "Typhoid CARAMTEAU, V use or

valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can mia," "PUEZPERAL peritonitis," etc. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As ample: Measles (disease causing death), 29 ds.; childbirth or miscarriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was nudertaken. Bronehopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemla," "Weakness," tetanus) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head State cause for Never report For vio-

the certificate is permanently filed. tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before

BUREAU, V.S. RECEIVE JAN 3 1916

9 1916

MARGIN

V. S. No. 1.

TLY. PHYSICIANS	Exact statement of	
GE should be stated EXAC	may be properly classified.	
N. BEvery item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS	should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
V. BEvery item of informati	Should state CAUSE OF	

ounty Howard 21762 County Howard Folio No. 25 Village or City Ellicott City (No. ,	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, WIDOWED OR DIVORCED MARRIED (Write the word)	December 11 , 191 5 (Month) (Day) , (Year)
June 10 , 7868 (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended deceased from ,191, to,191, that I last saw h
7 AGE 47 yrs. 6 mns. 1 ds. or min.? Coccupation (a) Trade, profession, or particular kind of work	and that death occurred on the date stated above, at .A. m. The CAUSE OF DEATH ** was as follows: Suicide, by throwing himself from a cliff
(b) General nature of Industry business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country) Maryland	Contributory Despondent
OF ATHER Mathew Curran I BIRTHPLACE OF FATHER (State or country) United States 12 MAIDEN NAME	(Signed) (Signed) (Address) (Address
of Mother Mary Keith 13 BIRTHPLACE OF MOTHER (State or country) Maryland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Samuel A. Curran (Bro)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Address) Ellicott City, Maryland Filed 2	19 PLACE OF BURIAL OR REMOVAL 86 DATE OF BURIAL Lemony of R Wright 10 Washington Sie 17, 1915 20 UNDERTAKER ADDRESS Collectif 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

Housemaid, &c. If the occupation has speen changed or given up on account of the burbasic causes practity, state occupation at beginning of limess. If retired from Housemaid, etc. If the occupation has speen changed who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be business, that fact may be indicated thus: Farmer (retired taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers precise specification as Day loborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile foctory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line engineer, Stationary premary etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age For many occupations a single word or term on the tion is very important, so that the relative healthful--Coul mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, A chitect, various pursuits can be known. The question For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," Locomotive engineer, (b) Auto-Civil

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

Struck by railwey train—accident; Revolver wound of head—homicides resource by constitution acid—probably suicide. The nature of the injury as fracture of skull, and consequences (F. g., sepses, telepuls) may be stated under the lead of Confributory. (Recommendations on Nomenclature of the American Medical Association. on statement of cause of death approved by Committee sticidal, or hemicidal, or as probably such if impossible to determine definitely. Examples: Accidental drawning; Struck by railway traing accident; Revolver wound of head—homicidal Prisoned by capatic acid—probably state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent pearns "PUERPERAL peritonitis," etc. birth or miscarriage as - Puerperal septichaemia," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), lapse," "Coma," "Convulsions," chapmeumonia (seeondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless cough; Chronic valvular heart disease; Chronic interstitiai ges, perdonaeum, etc., Carcinoma, Sarcoma, etc., of "Anaemia" nephritis, etc. "Tumor" for malignant neoplasms); Measles, Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The contributory (secondary or intereur-"Convulsions," State eause for which "Debility" "Atropby, ACCID important CUTAL,



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

1 PLACE OF DEATH

Hourand

763

County	Registration Dist. No.
Village or City tellects (No. 2 FULL NAME Unton H Sors	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male. While Single, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH See 8, 1915
Aug 22 , 1871 (Nichth) (Day) (Year) 7 AGE	that I last saw har alive on the date stated above, at 2 m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory auch alestrolicai
10 NAME OF FATHER John Varsy 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) (Signed) (Signed) (Signed) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of Mother Alverda S Changes 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deeth
(Address) Elisabs Leity 15 Filed 12-11, 191 & OBStallescharsh REGISTRAR	19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 20 MINDERTAKER CACITOR, Sons Clicits liety
	16 W Services St. Balto Progressing V S. No. 1

STATE OF MARYLAND

CERTIFICATE OF DEATH



[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Jousework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Solesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of ago. tion is very important, so that the relative healthful--Cool mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in Locomolive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Inphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." and eonsequences (e. g., sepsis, lelanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichiemia," "Puerperal peritonitis," etc. State cause for which eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Tracmia," "Weakness," genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of by railway train—accident; Revolver wound of The contributory (secondary or intercur-"Dropsy," State cause for which (Recommendations Nevcr "Exhaustion," report mere



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statement PERMANENT EXACTLY. classified. pe should properly AGE pe supplied. may carefully sug that it ma f certificate. ō on back should See Instructions Information of inford CAUSE

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10

PHYSICIANS should of OCCUPATION IS

3 SEX

TAGE

PARENT

15

8 DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE

OF MOTHER

OF FATHER (State or country)

(b) General nature of Industry, business, or establishment in

RECORD

1 PLACE OF DEATH VIIIage or City MAN

4 COLOR OR RACE

White -

which employed (or employer)

PERSONAL AND STATISTICAL PARTICULARS

(Month)

(hone.

5 SINGLE. MARRIED, WIDDWED, ORDIVORCED (Write the word)

28.

(Day



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;Ward)	[If death occurred in

give its NAME Instead of street and number.]

(Year)

If LESS than

f day,.....hrs.

OR 7

	EDICAL (CERTIFICAT	E OF D	EATH	
DATE OF DEA	тн	/2.		Z.	, 191
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*State the DI CAUSES, state (TAL, SUICIDAL, OR RECENT RES	ISEASE CAU (1) MEANS OF HOMICI	dress)USING DEATH OF INJURY DAL.	or, in; and	deaths i	from Violation Accin
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Dec. 8 REGISTRAR If more blanks are needed, address State Reginkiin St., Baito., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons -Precise statement of occupa-As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaectc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Collapse," "Coma," "Convulsions," "Debility" ("Convalvular heart discase; Chronic interstitial nephritis, by carbolic acid-probably suicide. The nature of the Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measics (discase causing death), 29 ds.; (secondary or intercurrent) Never report EX



Gounty Loward. 21765	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 190
Village or City & Lle Ridge (No. Assignment)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WINDOWED, WINDOWS OR DIVORCED (Write the word)  8 DATE OF BIRTH  AND 1845	16 DATE OF DEATH  OEC.  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  OEC.  1913, to  C,  2, 1913,
(Month) (Day) (Year)  7 AGE  CLOUD 1  The particular kind of work  (b) General nature of industry, business, or establishment in	and that death occurred on the date stated above, at 5,380m, The CAUSE OF DEATH* was as follows:
which employed (or employer)  **BIRTHPLACE* (State or country)  **Telland**	Contributory (Secondary)  (Buration) / yrs. mos ds.
OF FATHER  OF FATHER  OF FATHER  (State or country)  12 MAIDEN NAME  OF MOTHER  OF MOTHER	(Signed) CLOS (Address) M D.  State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER Oridals The Laughlus  13 BIRTHPLACE OF MOTHER (State of country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs, mos ds. Where was disease contracted,
(Informant) Muss Gre. E. Marte.  (Address) aliquations are	it not at place of death?  Former or  usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKEN  ADDRESS
Filed NCC , 1915 REGISTRAR  If more blanks are needed, address State Registrar, 6	E. Franklin St., Baito., Requesting V. S. No. 10, 2001. CUE

[Approved by L. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has who have no occupation whatever, write None. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many (a) Spinner, essary to know Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursults can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—In always affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenciature of the American Medical Association.) "Contributory." (Recommendations on statement of scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsucb, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. cause. Always qualify all diseases resulting from ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 de.; nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:



W. 8. No. 1.

CORD	SICIANS should state OCCUPATION IS very
WHITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certilicate.
	z.

PLACE OF DEATH	9	17	2
Troward	2	1 6	U

County.



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist. No.
	Elf death occurr

* FULL NAME James N. G.	a hospitat or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, Married, Widowed, Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
May 3, 1838  (Month) (Day) (Year)	that I last saw hour alive on Dec. 4, 191
7 AGE   If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 10 m, The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment to which employed (or employer)  BIRTHPLACE (State or country)	(Duration) yrs, 6 mos ds.  Contributory Ctalemon Left Lungs
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  12 MOTHER OF MOTHER	(Signed)
12 MAIDEN NAME Margarelle Purdent  13 BIRTHPLACE OF MOTHER (State or country)  Manyland	TAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOAPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant, Margaratte B. Muslims	Where was disease contracted, If not at place of death? Former or usual residence.
Filed Dec. 6., 191.5 Aug Lacy REGISTRAR  If more blanks are needed, address State Begistral	DATE OF BURIAL OF REMOVAL DATE OF BURIAL  ADDRESS  BUY Source Mr. City Triel  G. G. E. Franklin St. Balto. Requesting V. S. No. 1



[Approved by U. S. Census and American Public Health
Association.]

Grocery; (a) Foreman, (b) Automobile factory. The causing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal septichaecause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPIEAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis ture of the American Medical Association.) "Contributory." Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Never report Examples: For VIO-



S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Horard 21767	CERTIFICATE OF DEATH
Gounty 7	195
1	Registration Dist. No.
Village or City (No	St.; Ward) [If death occurred la a hospital or institution,
Boll	give its NAME Instead
Planche	of street and number.]
²FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH DEC 26 1911
Lun While Wood on oliver the word frught	(Month) (Day (Year)
B DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
L. 26W	On 26-191 v, to let 262, 1911.
(Month) (Day (Year)	that I last saw har alive on July 2 6 m, 1910.
⁷ AGE If LESS than	and that death occurred on the date stated above, at 4,000 m.
f day hrs.	The CAUSE OF DEATH* was as follows:
	0 - 2 /
SOCCUPATION (a) Trade, profession, or	Hmatur Justa
particular kind of work	
(b) General nature of industry, business, or establishment in	(Duration) yrs. 7 mos. 7 ds.
which employed (or employer)	
BIRTHPLACE (State or country)	Secondary
110,000000	(Duration) yrs mos ds.
10 NAME OF HOMES IN SEAL A	(Signed) Multiverim N. D.
11 BIRTHPLACE	Dec 26", 1915 (Address) Carage ME
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
12 MAIDEN NAME (2)	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
a OF MOTHER Danch Permons	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) At place in the
OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(informant) M Naslub	Former or
(110111111)	usual residence.
(Address) MASTR - ME	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 00 27 - 76 40001	Mastup Bund June ou - 2 1-, 191 J
Filed Dec 27, 1916 Frank Carhe	20 UNDERTAKER ADDRESS
Negletical REGISTRAR	C-N- Jaslup Javagi W.
If more blanks are needed, address State Regis	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



### CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Furm laborer, Laborer-Coul statement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persous As examples: The

Icsis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); Lobar pncumonia; Bronchopneumonia "Croup";) brospiual meningitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemie eere term for the same disease. Examples: Cercbrospinal time and causation), using aiways the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhold unqualified, is indefinite): Tubercu-

> nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marastheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection used not be stated unless important. eer" is iess definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the Americau Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably etc., when a defiuite disease can be ascertained as the "Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Measles "Seuile," may be stated under the head (Recommendations on statement of (disease causing death), 29 ds.; etc.), "Dropsy," ete. State cause for "Exhaustion,"

the certificate is permanently filed. tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before



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DECOR	should be stated EXACTLY. PHYSICIANS should riy classified. Exact statement of OCCUPATION is
TNANAME	EXACTLY.
A	be stated
NK_THIS IS A DERMAN	should ty classi
NK	d. AGE
WRITE PLAINLY WITH UNFADING INK_THIS IS A DEPMANENT BECORD	in of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very a set instructions on back of certificate.
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PLAINLY	in of information should be of DEATH in plain terms, so see instructions on back of
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N. B.—Every frem o CAUSE OF I

V. S. No. 1.

1 PLACE OF DEATH	STATE OF MARYLAND
County Howard. 21768	CERTIFICATE OF DEATH
County	Registration Dist, No. 193
	St.; Ward)  [It death occurred in a hospital or institution give its NAME instead of street and number.]
	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	16 DATE OF DEATH
9 male. 4 COLOR OR RACE SINGLE, MARRIED, WIDDWED, ORDIVERCED ORDIVERCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 1 HEREBY CERTIFY, That I attended deceased from
Jan. 12. 1839.	nos-2, 1915, to Dec. 16, 1915,
(Month) (Day) (Year)	that I last saw hand alive on ALC. 14 ,1915
7 G. yrs. // mos. /4 ds. ORmin.?	and that death occurred on the date stated above, at /m, The CAUSE OF DEATH* was as follows:
B OCCUPATION	Chronic heart dinessi
(a) Frade, profession, or particular kind of work	A
(b) General nature of Industry, business, or establishment in	(Ouration) A yrs mos ds.
which employed (or employer)  BIRTHPLACE (State or country)  Manulomol	Contributory (Secondary)
10 NAME OF Perminous, Hipsley	(Signed) , M. D.
OF FATHER (State or country)  Maryland.	State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT
TO MAIDEN NAME OF MOTHER Katurah Scott.	TAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  Mayland:	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs. mos. ds. State yrs, mos. ds.
Informant) Mrs Evi Hipsley	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) Wowoding, ma	Brokwill, and Date of Burial
Filed Dec. 16 1915: J. W. Lacy REGISTRAR	20 UNDERTAKER MINT. CO ADDRESS
If more blanks are needed, address State Registra	ir, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekccpers cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the dibease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of __ ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably -Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ver" is less definite; avoid use of "Tumor" for malk The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples: For vio-



V. S. No. 1.

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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	Villa
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1 PLACE OF DEATH  County Howard 21769	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 193
Village or Cityman Florency (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME Instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
male. 4 COLOR OR RACE   5 SINCLE, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17  I HEREBY CERTIFY. That I attended deceased from
OMONTH OF BIRTH  Aug. 9. 1915  (Month) (Day (Year)  7 AGE If LESS than	that I last saw h Ling allve on 20cc . 3. 1915.
BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of indostry,	and that death occurred on the date stated above, at 3 A: m.  The CAUSE OF DEATH* was as follows:  Bunchs - Preument a
business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER FACE To A	Contributory Mal-Mutritain Secondary (Doration) / yrs.: mos. ds.  (Signed) / W. L. M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  May Tellen Johnson	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs, mos ds  Where was disease contracted, If not at place of death? former or usual residence.
(Address) Woodbine, ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Perminan Chaper. Howard Dec. 5., 191 5.  Equindertaker Germal Address

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care been changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," -Precise statement of occupa-(6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anacmia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-".Contributory." Aecidental drowning; Struck by railway train-aeciwhich surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopneumonia (secondary), 10 ds. Never report The contributory (Recommendations on statement of (secondary or intercurrent)



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#### STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No..... If death occorred la St.:---Ward) a hospital or institution. give its NAME Instead ot street and number. 1 2FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 16 DATE OF DEATH 3 SEX 4 COLOR OR RAGE MARRIED. WIDOWED, (Month) (Day (Year) (Write the word) I HEREBY CERTIFY. That attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above. 1 day, .....hrs. The CAUSE OF DEATH * was as follows: OR ..... min. ? SOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... Contributory 9 SIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE . 191 .... (Address) ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State ..... yrs. ____ ds Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death?----Former or usual residence..... 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) .... 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

ADDRESS



[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the misease (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the nisease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mallgture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a defluite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Seulle," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal couditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for For vio-



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V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	1 PLACE OF DEATH	STATE OF MARYLAND
_	21771	CERTIFICATE OF DEATH
Cot	unty 6161	Registration Dist. No. 192
	new 11 47 1 1	
Vill	age or City West Freuds hely (No	St.; Ward) [If death occurred in a hospital or institution,
		give its NAME Instead
	FULL NAME Sufant	Of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 6	4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH Dec 14 1915
-	Temple Colord (Witows, Jan)	(Month) (Day (Year)
	( The the word)	17 I HEREBY GERTIFY, That I attended deceased from
, D1	ATE OF BIRTH	Dec 14 1915 to Dec 14 , 1915.
	(Month) (Day (Year)	that I last saw h At alive on
7 A C		and that death occurred on the date stated above, at 5-2 m.
	1 day,hrs.	The CAUSE OF DEATH* was as follows:
_	yrs mos ds. OR OR Min. ?	0,.0
	CCUPATION ) Trade, profession, or	settle voor.
<b>Gpai</b>	rticular kind of work	never treathed due to
	General nature of Industry, iness, or establishment in	author to a man to
whi	ch employed (or employer)	(Ouration) yrs mos ss.
9 81	RTHPLACE (State or country)	Contributory Secondary
		(Duration) yrs mos ds,
	10 NAME OF albert 15	(Signed) Proworth M.D.
w	- rug	0114
ENTS	11 BIRTHPLACE OF FATHER (State or country)	Dec 15, 1915 (Address) West trends to
R	12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
PAR	OF MOTHER Came Homas	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE	OR RECENT RESIDENTS) At place le the
	OF MOTHER (State or country)	of death yrs, mos. ds. State yrs, mos. ds
4 7	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Informant) Corrie Thing (mothers)	Former or
1	71 1 7 . 6 . 4	usual residence.
	(Address) Nest trush lup	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	1 6 001/11	on the farm of C.D. Noth Dec 15, 1910
Fil		20 UNDERTAKER / 4 ADDRESS
	REGISTRAR	albert Ing Talley Tost friendstay

If more blanks are needed, address State Registrar, 6 E. Franklin St., Bulto, Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) a Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "l'uerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerpenal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or Intercurrent) tetanus) may be stated under the head of Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



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carefully supplied. AGE should be st that It may be properly classified.

DEATH in plain terms, so that it misses instructions on back of certificate,

should be

Every item of information CAUSE OF DEATH in piai

N. B.-

Important.

15

AGE

PERMANENT stated EXACTLY.

4

WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH  Sounty Herrand  County Market Salary	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 195
Village or City as a (No	St.; Ward) [It death occurred in a hospital or institution, give its NAME inslead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
61. 121	
(Month) (Ddy (Year)	that I last saw h alive on A , 191
7 AGE  If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at // m. The CAUSE OF DEATH was as follows:
COUPATION (a) Trade, protession, or Coarticular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. 1 mos. ds.
9 BIRTHPLACE (State or country)	Gontributory Secondary
10 NAME OF FATHER WW & - Lang 11 BIRTHPLACE	(Signed) (Signed) (Address) Land (M. E.
OF FATHER (State or country)  W 12 MAIDEN NAME OF MOTHER MANAGE  O	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs. mos. ds. State yrs, mos. ds  Where was disease contracted,
(Informant) My te Lang	If not at place of death?  Former or  usual residence

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

LUCAL REGISTRAR

20 UNDERTAKER

ADDRESS



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (relired 6 yrs.) For persons gainfully employed, as At school or At home. Care mine, etc. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, Irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of oeeupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: The question The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever—(the only definite synonym is "Epidemic eerebrospinal medigitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephrilis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, telanus) may be stated under the head such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitie," etc. State eause for ehildbirth or misearriage as "Puerreral septichaccause. ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenelainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway Irain-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease eausing death), 29 ds.; Never report



Coun	Place of DEATH 21773	STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No. 193
Villag		St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
101.0	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	ale White   5 SINGLE, MARRIED, Fridowel on DIVORCED (Write the word)	(Month) (Day) (Year)
6 DA	(Month) (Day) , 1834	april 7 1916 to Delember 41915 that I last saw him alive on Nov 27 4 1915
7 AG	81 yrs. 3 mos. 16 ds. or min.?	and that death occurred on the date stated above, at Them The EAUSE OF DEATH: was as follows: Lo promie Valerilas Hear Dise
par (b) bus	Trade, profession, or ticular kind of work.  General nature of industry liness, or establishment in ich employed (or employer)	Chronic Interstitual Rephris
9 BI	RTHPLACE (State or country) Ohio	Contributory Secondary
(0	10 NAME OF ROT KNOWN	(Signed) J. Aller Stice M. O
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PAI	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS  OR RECENT RESIDENTS):  Al place  In ths
	(State or country) Choose ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informani) Sauther Realist	of death yrs. mos. ds. Stats, yrs. mos. ds.  Where was disease contracted,  If not at place of death?  Former or  usual residence
*	(Address) Woodbine h.F.D *7	Pine Grove bennety Die 64,101.8
15 Flie	Dec. 4., 1915. J. C. Lacy REGISTRAR	D. H. Bowman Mt. air, m
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Cousus and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state oecupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Pealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, ('ivil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. first line will be sufficient, e. g., Farmer or Planler, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in the second statement. Never return Statement of Occupation-Precise statement of occupa-If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. State cause for which birth or miscarriage as "Puerperal septichaemia," ete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uracmia," "Weakness," chopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Amemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," ete.), cough; Chronic valvular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephrilis, etc. "Tumor" for malignant neoplasms); Meastes; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Caneer" is less definite; avoid use of Always qualify all diseases resulting from child-The contributory (secondary or intercur-"Dropsy," "Exhaustion," ACCIDENTAL, important.



N.B.

PLACE OF DEATH	STAT
County Howard	CERTIF
51 × CT	R
Village or City Ellicool Cety (No	St.;
2 FULL NAME Lanny Lonis	e Masen
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CE
Jewale Waste Single, MARRIED, WIDOWEO OR ONVORCED OR ONVORCED (Write the word)	16 DATE OF DEATH
8 DATE OF BIRTH Not Sanley 21 1879	HEREBY CERTIF
(Month) (Day) (Year)	that I last saw h.@1aliv
7 AGE If LESS than 1 day, hrs.	and that death occurred or
36 yrs. mos. 25 ds. OR min.?	The CAUSE OF DEATH # V
8 OCCUPATION 8) Trade, profession, or Those	Luluman
particular kind of work	
(b) General nature of Industry business, or establishment in	***************************************
which employed (or employer)  BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Malvelle . G. Faller	(Signed)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  Wassey Cool baugh	*State the DISEASE CAUS
of MOTHER Many Cool bangle	CAUSES, state (1) MEANS OF SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FO
13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place of deathyrsmos
14 THE ABOVE 15 TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Valuet II. Mason	Former or usual residence
(Address) Work nighting the	19 PLACE OF BURIAL OR REM
15 12 12 12 12 12 12	26 MODERTAKER
Filed 191 REGISTRAR	Easton Jon

#### STATE OF MARYLAND CERTIFICATE OF DEATH

RTIFICATE OF DEATH

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

DATE OF BURIAL

(Month) (Day) Y. That I attended deceased from n the date stated above, at 12.3. En. vas as follows: Tubercu (Duration) - yrs. mos. ING DEATH, or, in deaths from VIOLENT INJURY; and (2) whether ACCIDENTAL, OR HOSPITALS, INSTITUTIONS, TRANSIENTS. State, _______mos. _____ds.

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[Approved-by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton first line will be sufficient, e. g., Former or Planter, Physiwrite None. C yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseis provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, Civil eer, Stationory fireman, etc. But in many cases, various pursuits can be known. The question The material worked on may form part If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations SUICIDAL, or HOMICIDAL, or as probably such, if impossible on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, telonus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "Puerpenal picritoritis," etc. State cause for which birth or misearriage as "Puenperal septichaemia," cause. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "H-emorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uramia," "Weakness," "Annemia" chopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," cough; Chronic "Tumor" for malignant neoplasms); Meosles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonacum, etc., Carcinoma, Sarcoma, etc., of..... Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. by roilway train-accident; Revolver wound of Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull (increly symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurvalvular heart disease; Chronic interstitial ACCIDENTAL, important.



	1	PHYSICIANS t statement of
1	RECORL	Ssified. Exac
MARGIN AFOFAVED FOR BINDING	A PERMANENT	on should be carefully supplied. AGE should be stated EXA DEATH in plain terms, so that it may be properly classified mportant. See instructions on back of certificate.
בטי טיי	INK-THIS IS	so that it may
2 4 0 4 2	H UNFADING	be carefully sun plain terms, See instructi
MARGE	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD.	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
-1	WATT	very item of inf hould state CAU ICCUPATION is
V. S. No. 1.		
>		2

1 PLACE OF DEATH	STATE OF MARYLAND
Housed 21775	CERTIFICATE OF DEATH
County 2	103
	Registration Dist. No.
Village or City learning Cornel No.	St.; Ward) [If death occurred in
	a hospital or institution,
2 FULL NAME John J. Mul	lease of street and number.]
TOLK NAME	1
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED,	16 DATE OF DEATH 22 22 1915
Male White OR DIVORCED OR DIVORCED	(Month) (Day) (Year)
(Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	March / 1915, to DEC 79, 1910,
(Month) (Day) (Year)	that I last saw him alive on Dec 27 1911,
7 AGE If LESS than	and that death occurred on the date stated above, at 7.00 m.
1 day, hrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. 2 ds.   OR min.?	TO A DEATH Was as follows.
8 OCCUPATION (a) Trade, profession, or	alvela susufficing
particular kind of work Harmer	
(b) General nature of Industry business, or establishment in	
which employed (or employer)	(Quration) yrs, O mos. ds,
9 BIRTHPLACE (State or country)	Secondary Jastrae Weer and
(Maryland	Assurantage (Ouralion) yrs/ d mos ds.
10 NAME OF FATHER	(Signed) P. Garrian, M. O.
10 Malkan Mulling	10 00 miles miles
L BIRTHPLACE OF FATHER (State or country) Mary Land	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
(State or country) Many Carrol  12 MAIDEN NAME	CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
OF FATHER (State or country) Maryland  12 MAIDEN NAME OF MOTHER DISTURBING	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS)
OF MOTHER (State or country) Maryland	At place In the of deathyrsmosds. Stets,yrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
7 7 7 h. 00 ''	Former or
(Informant) Vaina V Museums	usual residence
(Address) Int Ciny Q.D. 74d	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Auditess)	Howard Chap. Cecu & Dre 24, 1915
Filed Dec. 23 1915 A. W. Lacy	20 UNDERTAKER ADDRESS
REGISTRAR	all Bounau Mh any mel
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Batto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

write None. 6 yrs.). state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer business, that fact may be indicated thus: Former (retired who receive a definite salary), may be entered as Housemobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (o) Foreman, only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of ness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronehoppeeumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by Struck by roilway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; birth or miscarriage as "Puerperal septichaemio," "Puerperal peritonitis," etc. State cause for which state means or injury and qualify as accidental, surgical operation was undertaken. For violent deaths cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), lapse," "Coma," "Anuemia" (merely symptomatic), ehopmeumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intercurcough; Chronic valentar heart disease; Chronic interstitial ges, perilonoeum, etc., Carcinoma, Sorcoma, etc., of . . . . Example: Measles (disease causing death), 29 ds.; Brow-"Tumor" for malignant neoplasms); Meosles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Convulsions," "Dropsy," carbolic acid-probably "Debility" "Atrophy," "Exhaustion." ("Con-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of cértificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

1 PLACE OF DEATH

191	STATE OF MA	RYLAND
County Virginia 21776	(X) CERTIFICATE C	F DEATH
	Registration Di	st. No. / 93
Village or City Long Coma (No	Mulliny Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	F DEATH
SEX  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH NEC. (Month)	(Day) , 19K
6 DATE OF BIRTH	HEREBY CERTIFY, That I at	tended deceased from
3 29 1849	, 1915 , to	, 191
(Month) (Day) (Year)	that I last saw har alive on	, 191
7 AGE If LESS than 1 day, hrs.	and that death occurred on the date st	
66 yrs. 8 mos. 2 ds. or min.?	The CAUSE OF DEATH * was as follow	NS: .
8 OCCUPATION (a) Trade, profession, or	General Matosky	
particular kind of work		
(b) General nature of industry business, or establishment in	(Burstion)	vrs. mos. d
which employed (or employer)	Contributory	yrs mgs g
9 BIRTHPLACE (State or country) Mary Land	Secondary	
10 NAME OF John Gool	(Signed) Frong D. Raw	yrs mos ds
II BIRTHPLACE	10ec. 3., 191.5 (Address) Mr	ding Mrs
State or country) Maryland	*State the Disease Causing Death, or Causes, state (1) Means of Injury; and	in deaths from VIOLENT (2) whether ACCIDENTAL,
T 12 MAIDEN NAME OF MOTHER OF MOTHER Slass	SUICIDAL OF HOMICIDAL.	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, OR RECENT RESIDENTS)	INSTITUTIONS, TRANSIENTS
OF MOTHER (State or country) Many and	Al place In the of deathyrsmosds. State	yrsmosd
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not all pisce of desth?	
(Informant) Francis & Mulling	Former or usuat residence	
(Address) Fish Ciny of D.	19 PLACE OF BURIAL OF REMOVAL  Not Olive Ceres	DATE OF BURIAL  M- 4, 1915
10 2 - 10 11	20 UNDERTAKER	ADDRESS , Tale
Filed Sec. 2, 191 3 REGISTRAR	BUTSonnan	my years



[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, write None. state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day loborer, Farm loborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the is provided for the latter statement; it should be used business or industry, and therefore an additional line cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Plonter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits ean be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid, fever (never report "Typhoid pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, heod-homicide; Poisoned by carbolic to determine definitely. Examples: Accidental drowning. SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPEHAL peritonitis," etc. State cause for which birth or miscarriage as "Puerperal septichaemia," ctc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (increly symptomatie), "Atrophy," "Collapse," "Coma," "Convalsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Meosles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of by roilway train-accident; Revolver Always qualify all diseases resulting from child-The contributory (secondary or intercur-Never report mere acid-ACCIDENTAL, wound of -probably



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SICIANS should occupation is PHYSICIANS RECORD of statement PERMANENT EXACTLY. classified. 4 THIS properly AG INK Supplied. UNFADING WITH plai informati DEATH WRITE jo Item 9

1 PLACE OF DEATH Very County. Village or City (No. PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. DATE OF DEATH 4 COLOR OR RACE MARRIED, Vice WIDOWED, (Write the word) DATE OF BIRTH (Day (Month) (Year) TAGE if LESS than 1 day hrs. OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) certificate. Contributory 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed) 0 back 11 BIRTHPLACE PARENT OF FATHER (State or country) 00 12 MAIDEN NAME OF MOTHER structions 13 BIRTHPLACE OF MOTHER (State or country) OF MY KNOWLEDGE Former or (Interment) usual residence. important, Every It (Address) ---15

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

If death occurred in .. Ward) a hospital or institution, give its NAME Instead of street and number. ]

MEDICAL CERTIFICATE OF DEATH

	9-9-9	(Month)	(Day)	(Year)
17000	I HEREBY	GERTIFY, That	l attended de	ceased from
Nyee	, 19	ve on Dec.	254	, 191
		n the date state		
		was as follows:	a above, at.,/	,
Present	Vicia I	Butte	with Co	14 4 9 61100
Villa	aurice v	· m c	eur c	yuen

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL.

(Address)....

OR REC	H OF RE	SIDENCE DENTS)	(FOR H	OSPITALS,	INSTITUTION	ONS, TRANS	HENTS.
At place				in the			
of death	vre	mae	do	Ctata	wee	-	4-

State ...... ALZ ...... Wos ...... ds Where was disease contracted,

If not at place of death?

19 PLACE OF BURIAL DATE OF BURIAL

20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At schoot or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobite factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civit engineer, Stationary freman, etc. applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mitl; (a) Satesman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupais very important, so that the relative healthful-Women at home, who are engaged in the Nevcr Farmer (retired 6 yrs.) For persons return "Laborer," But in many "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of tungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by raitray train-acci such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacctc., when a definite discase can be ascertalned as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgcnital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemla" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: vatrular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probabty suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. dent; Revolver wound of head-homicide; Poisoned Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," Never report For vio-



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WRITE PLAINLY, WITH

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See Instructions

of information DEATH in pial

OF Important. Every It

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PHYSICIANS should of OCCUPATION IS

Exact statement

AGE should be si properly classified.

RECORD

PERMANENT EXACTLY.

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u 0	// A	111	al
A printer	infection.	drink	

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

21778

### STATE OF MARYLAND CERTIFICATE OF DEATH

07, 20	Registration Dist. No.
Village of City Mult Ame Amil Ono.	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Dec 269, 1915. (Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw head alive on MAN 3100, 1915.
7 AGE   11 LESS than   1 day,	and that death occurred on the date stated above, at m, The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, protession, or particular kind of work	Arterial Sciences
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) 5 yrs mos ds.
9 BIRTHPLACE (State or country) Marilland	Contributory Secondary
10 NAME OF Sichael Bonnell	(Signed) // // Outle , M. D.
0 11 BIRTHPLACE	16" All , 1913 (Address) Claghland Ma

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT

CAUSES, State (1) MEANS OF TAL, SUICIDAL, OF HOMICIDAL.	INJURY;	and (2)	whether	ACCIDEN-
18 LENGTH OF RESIDENCE (FO	R HOSPITA	LS, INSTIT	UTIONS, T	RANSIENTS,

At place			In the			
of death y	rs mos	ds.	State	yrs	mos	t
Where was disea						

	_		-		-		ĕ
19	PLA	CE	OF	BURIAL	OR	REMOVAL	
6	/	./		//			

ADDRESS aurel

REGISTRAR

KNOWLEDGE

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origiu; "Caninjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by raitway train-accisuch, if impossible to determine defiuitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenciaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all discases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," "PUERPERAL septichae-Never report Ex-



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RECORD	PHYSICIANS sho
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N.B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

21779 (5)

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

County Howard	CERTIFICATE OF BEATH
	Registration Dist. No. 193
Village or City Glenwood, (No,	St.;—Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
2 FULL NAME not manuel - Three	mentes focles
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Unknow. White Single,  Whose or	16 DATE OF DEATH  (Month)  (Day  (Year)
C DATE OF BIRTH  OCC 1 1915  (Month) (Day (Year)	that Had saw in the we on the forber
yrs mos ds. OR min.?	and that desth occurred on the date stated shove, at S.P. m The CAUSE OF DEATH* was as follows:  Promatus books
(a) Trade, profession, or particular kind of work	
(b) General nature of indostry,	# 0 m 0 m 0 m 0 m 0 m 0 m 0 m 0 m 0 m 0
business, or establishment in which employed (or employer)	(Duration) yrs mos ds
9 BIRTHPLACE (State or country)	Contributory
maryland	(Duration) yrs mos ds
FATHER RICHAGO CHEMCES PINOLESS	(Signed) July Lacy N. D.
O 11 BIRTHPLACE OF FATHER	Dec. 1. 1815 (Address) Listers med
Z (State or country) Maryland.  Z Malden Name of Mother	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
a Sabella Stinson Mc Into	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS) OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) California	At place in the ot death yrs mos ds. State yrs mos ds Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?————————————————————————————————————
(Interment) Isabella Spencer Pendell	Former or usual residence
(Address) Tenurod (ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Dec. 1 1919. J. W. Lacy	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regis	Trans & Frenchin St. Path Property Lisbon Med



[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)For many occupations a single word or term on the Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons -Precise statement of occupa-(6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," Never report 01



BINDING

FOR

RESERVED

MARGIN

Coun	ty Soward 21780	STATE OF MARYLAND CERTIFICATE OF DEATH
N Villag	Lear Pine Orchard No.  2 FULL NAME Mary Catherine	Registration Dist. No.  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Her 6 DA	TE OF BIRTH  A COLOR OR RACE  S SINGLE, MARRIED, Herried Widowed OR DIVORCED (Write the word)  1853	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from 1915, to Dec. 13 1915
7 AG	E (Month) (Day) (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Oay)  (Year)  (Oay)  (Oay)	that I last saw h
par (b) bus whi	GUPATION ) Trade, profession, or flousewelf ) General nature of Industry iness, or establishment in ch employed (or employer)  RTHPLACE (State or country)  Handle Government in the characteristic of the profession of the profess	(Buratlen) ?) yrs 3()mos de Contributory (pocardition)
RENTS	10 NAME OF RICHARD Ridgley  11 BIRTHPLACE OF FATHER (State or country) Manyland  12 MAIDEN NAME	(Signed)
	13 BIRTHPLACE OF MOTHER (State or country)  ME ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  We have been below to the country	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. Stats, yrs. mos. d Where was diseasa contracted, if not at place of death?
15	(Address) Lykesvill, Ul	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Mt View Coewelery ADDRESS  20 UNDERTAKER ADDRESS



[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Hausemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer taken to report specifically the occupations of persons mobile factory. mill; (a) Salesmon, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, applies to each and every person, irrespective of age. especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing dearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puenperal septichaemia," mus," "Old Age," "Shoek," "Uraemia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," Struck by railway train—accident; Revolver to determine definitely. Examples: Accidental drowning; cause. etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronic valvular heart discose; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whooping Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull "Senile," etc.), The contributory (secondary or intercur-"Convulsions," "Dropsy," State cause for which "Debility" "Atrophy," "Exhaustion, uound of



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of should state CAUSE OF DEATH in plain terms, so that it may be properly classified. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

8	County Howard 21781	STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No. 193
	Village or City Watersvelle (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
3	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male White Single, Married Widowed OR DIVORCED (Write the word)	16 DATE OF OEATH Dreember 202, 1915 (Month) (Day) (Year)
certificat	September 278, 1846	that I last saw h imalive on Sunday Stellas, 1915,
back of	7 AGE  69 yrs 2 mos 2.3 ds or min.?	and that death occurred on the date stated above, at Z. Am.  The CAUSE OF DEATH * was as follows:
no suc	(a) Frade, profession, or Retired Merchant  (b) General nature of industry	Bronchieclasis
ructio	business, or establishment in which employed (or employer)	(Duration) Zunfenouvo de.
e instru	State or country) Montgomery Co. Md.	Contributory Secondary
ה ה	10 NAME OF ROLT: Sellman	(Signed) X aller Tice, M. O.
oortan	11 BIRTHPLACE OF FATHER Mortgomery leo. Md	*State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accinental,
A III	d of Mother Jaras and Day	SUICIDAL OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
Is very	13 BIRTHPLACE OF MOTHER (State or country) Moretgonery Co. Me	
NO.	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Rollman	Where was disease contracted, if not at place of death?
2000	(Address) Matersville, Md.	Prince Januar Mark Date of BURIAL
٠	Flied Dec 20s, 1915 J. W. Lacy REGISTRAR	20 UNDERTAKER ADDRESS BUBBONNIAN Mary Mad
1	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved. by U. S. Census and American Public Health Association.]

6 yrs.). For persons who have no occupation whatever business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be engaged in domestic service for wages, as Servont, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dedler." mobile factory. The material worked on may form part mill; (a) Salesman, (b) Crocery; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationory fireman, etc. But in many cases, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," etc., without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetonus) may be stated on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by corbolic acid—probably to determine definitely. Examples: Accidental drowning. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. State cause for which birth or miscarriage as "PUERPERAL septicharmia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), lapse," "Coma," symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Colcough; Chronic valvular heart disease; Chronic interstitial cause. спорпентопи Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. ges, perilonneum, etc., Corcinoma, Sarcomo, etc., of. "Tumor" for malignant neoplasms); Measles, Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-(merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" (secondary), 10 ds. Never report mere The contributory (secondary or interent-"Dropsy," "Exhaustion," ("Con-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING MARGIN V. S. No. 1.

1 PLACE OF DEATH

Coun	ty Howard Color	CERTIFICATE OF DEATH  Registration Dist. No.
Villag	ge or City Ollicost Orly (No	St.; Ward) [If death occurred a hospital or institution give its NAME instead of street and number
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE:	ale While 5 SINGLE, MARRIEO, Walowed on DIVORCEO (Write the word)	16 OATE OF DEATH  (Month)  (Day)  (Ye)
6 DA	TE OF BIRTH  (Month) (Day) , 18.35 (Year)	that I last saw h size alive on the same of the saw has alive on the same of t
7 AG	E 23 or min.?	and that death occurred on the date stated above, at // // The CAUSE OF DEATH * was as follows:
par (b) bus whi	) Frade, profession, or Netized Farmer  clicular kind of work Netized Farmer  ) General nature of industry siness, or establishment in ich employed (or employer)  RTHPLACE (State or country) Maryland	Contributory Ostanio Schemen 2
RENTS	10 NAME OF Garon Tucker  11 BIRTHPLACE OF FATHER (State or country) Maryland  12 MAIOEN NAME	(Signed) (Burelion) 778 mos.  (Signed) (Address) College of the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental Suicidal or Homicidal.
PAF	of Mother Mary Obans  13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS) At place in the of deathyrs
	(Informant). I was to the BEST OF MY KNOWLEDGE	Where was disease confrected, if not at piacs of death?  Former or usuel rasidence
15 File	(Address) Cellicott Bely  od 17-17, 1915) [[] REGISTRAR	Jucker Family Burying France Address  Address  Address
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer write None. business, that fact may be indicated thus: Former (retired or given up on account of the DISEASE CAUSING DEATH, taken to report specifically the occupations of persons employed, as At school or At home. Care should be mobile factory. mill; (a) Salesman, (b) Grovery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by earbolic acid-probably Struck by railway train-accident; Revolver wound to determine definitely. Examples: Aecidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. State cause for which "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uracmia," "Weakness," genital," surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," nephrilis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial cause. "Anaemia" (merely symptomatic), "Atrophy," cholmeumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Meastes; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Corcinoma, Sarcoma, etc., of..... Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull "Senile," "Convulsions," etc.), "Dropsy," "Debility" ("Con-"Exhaustion,"



V. S. No. 1.

PLACE OF DEATH 21783	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Ellicott (No	Registration Dist. No
2 FULL NAME That vorm comme	Leorge Leser Vashington street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Leolor or RACE   5 SINGLE, MARRIED, Jungle WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Dec 10, 1916 (Month) (Day) (Year)
7 AGE  (Month)  (Day)  (Year)  1 day  hrs.  OR min.?	that I last saw h an alive on Dec 10 m, 1915, and that death occurred on the date stated above, at 4 m.  The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of indusfry business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Mary land.  10 NAME OF Grange Washington	Contributory Secondary  Secondary  (Ouralion)  The Management of the Action of the Contributory  (Signed)  (Signed)  M. O.
11 BIRTH PLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER USUS  Siles	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSENS, state (1) MEANS OF INJURY; and (2) whether ACCHENTAL, SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  Leave Washington	At place In the ot death yrs mos. ds. State, yrs. mos. ds.  Where was disease contracted, if not at place of death?  Former or usual residence
Filed / 1915 Bhallashark  REGISTRAR  If more blanks are needed, address State Registrar,	19 PLACE OF BURIAL OF REMOVAL  OUNDERTAKEN  OAS LOW  16 W. Saratoga St., Balto, Requesting V. S. No. 1.



[Approved by U. S. Ceasus and American Public Health Association.]

write None business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully "Foreman," "Manager," "Ecalar," etc., without more precise specification as Day laborer, Form laborer, Laborer who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mobile factory. mill; (a) Salesman, (b) Frosery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physiknow (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of oecupathe second statement. Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever The material worked on may form part Never return "Laborer," If retired from (ivil

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." . (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "Puerperal perilonitis," etc. State cause for which birth or misenriage - "Tuenperal septichamia," cause. Always qualify all diseases resulting from childhead-homicide; Poisoned by to determine definitely. Examples: Accidental drowning. SUICIDAL, or nomicidal, or as probably such, if impossible etc., when a definite disease can be ascertained as the "Heart failure," etc.), "Dropsy," "Exhaustion," "Heart failure," "H:emorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Urumia." "W.-1 "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopmeumonia (secondary), 10 ds. rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ..... Example: Measles (disease causing death), 29 ds.; Bron-(name origin; "Cancer" is less definite; avoid use of The contributory (secondary or intercurcarbolic Never. acid-probably ACCIDENTAL, report mere



S. No. 1.

N.B.

1		ould state
	RECORD	PHYSICIANS she
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
No. 1.		CAU

1 PLACE OF DEATH	STATE OF MARYLAND
Samuel Storage of 21784	CERTIFICATE OF DEATH
County Noward 21784	Registration Dist. No. 190
Village of bieyue Dorsey (No. ,	give Its NAME Instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Mack (Single, WIDOWED, ORDIVORCED (ORDIVORCED (Write the word))	16 DATE OF DEATH  Accember 13, 1915  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	November 151915, 20 1915,
(Month) (Day) (Year)	that I last saw her alive on November 15, 1915
7 AGE  O yrs. 6 mos. o ds. 1t LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at S
8 OCCUPATION (a) Trade, protession, or None (b) General nature of Industry, business, or establishment in which employed (or employer)	Bronchitico (November 13)  Broncho passimaria  (Ouration) yrs. mos. 7 ds.  Contributory
9 BIRTHPLACE (State or country) Mercy Hospital, Paltimore	(Secondary) (Ouration) yrs mos ds.
10 NAME OF Benjamin Richardson	(Signed) MnP. Eare choo., M. D.
H II BIRTHPLACE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENT
(State or country) Noward Co. Md.  12 MAIDEN NAME Eliza Wilson	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)  Horrard Co. Md	At place In the ot death yrs mos ds. State yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
	usual residence
(Address) Eck Riage R. F. A.	Sh Stephens Dec 15, 1915
Filed Ace 14, 1915 M.P. Eare Kong	20 UNDERTAKER ADDRESS Eastons Sons Eckling

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. Ellicott City



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at heginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—('oal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should he used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. first line will be sufficient, e. g., applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: For persons But in many "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) mia," "PUEBPERAL peritonitis," etc. inus," "Old Age," "Shock." "Heart failure," "Haemorrhage," "Inanition," "Maras genltal," ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage. as "Puerperal schichaeetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nophritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may he stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," "Traemia," "Weakness," (name origin; "Can. State cause for Examples: 01

